| CLAIMS HIGHEST PRESENT PATE TIONAL RATE TION   |       | (            | CLAIMS AS     | FILED - PA   | RTI         |            | SMALL EN | TITY         | OR            | OTHER TH<br>SMALL EN | IAN<br>TITY  |
|--|-------|--------------|---------------|--------------|-------------|------------|----------|--------------|---------------|----------------------|--------------|
| S. NATIONAL STAGE FEES  SISIC FEE  CAMINATION  |       |              |               | (Column 1)   | <del></del> | (Column 2) | RATE     | FEE          | Γ             | RATE                 | FEE          |
| EXAM. FEE   EXAM. FEE   SEARCH FEE   EXAM. FEE   SEARCH   | S. N  | ATIONAL STA  | GE FEES       |              |             |            |          |              | OR BA         | SIC FEE              | 300          |
| SEARCH FEE   SEA   | SIC   | FEE          |               |              |             |            |          | <del> </del> | E)            | (AM. FEE             | 200          |
| ### PRESENTATION OF MULTIPLE DEPENDENT CLAIM    Column 1   | AMI   | NATION FEE   |               |              |             |            |          | -            | SI            | EARCH FEE            | <u> </u>     |
| Total   Minus   Minu   | ARC   | CH FEE       |               |              |             |            |          |              | <b>!</b> ├-   |                      | 1            |
| NOTAL CHARGEABLE CLAIMS  | EE FO | OR EXTRA SPE | C. PGS.       | minus        | 100 =       | / 50 =     |          |              | ┨╴┠╴          |                      |              |
| ### AUDITIPLE DEPENDENT CLAIMS   Minus   Minus | OTAL  | CHARGEABLE   | CLAIMS        | /8 minus     | s 20 = *    |            | l I      |              | - I - I -     |                      |              |
| Total  |       | ENDENT CLAIM | MS            | A min        | us 3 = *    |            | X \$ 100 | =            | ┨╴┠           |                      |              |
| CLAIMS AS AMENDED - PART II  |       |              |               | SENT         |             |            | + \$ 180 | =            | 4             |                      | 000          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   TOTAL ADDIT.   OR TOTAL ADDIT.   FFF  | DMEN  | Total        | *             | Minus        |             |            |          |              | -             |                      | -            |
| AMENDMENT   PAID FOR   |       | -            | REMAINING     |              | NUMBER      | PRESENT    | RATE     |              | 니             | RATE                 |              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | OMEN  | Total        | *             | Minus        | **          | =          |          |              | -             |                      | <del> </del> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   TOTAL ADDIT.   OR TOTAL ADDIT.   FFF  | MENC  | independent  | *             | Minus        | ***         | =          | X \$ 100 | ) =          |               |                      | <del> </del> |
| Column 1)  | Ą     |              | ENTATION OF M | ULTIPLE DEPE | ENDENT CLA  | AIM        |          |              | _             | TOTAL ADDIT          |              |
| REMAINING  |       |              | CLAIMS        | T            | T HIGHES    | π          | ·)       |              | <b>-</b><br>- | <u> </u>             | ADD<br>TION  |
| Total  | _     |              | AFTER         |              | PREVIOU     | SLY EXTRA  |          |              |               |                      | FEE          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  TOTAL ADDIT.  OR  TOTAL ADDIT.   |       | Total        | *             | Minus        |             |            | X \$ 2   | 5 =          | OF            | <b></b>              |              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  TOTAL ADDIT.  OR  TOTAL ADDIT.   |       |              | *             | Minus        | ***         | =          | X \$ 10  | 00 =         | OF            | X \$ 200 :           | -            |
| TOTAL ADDIT. OR SEE  |       | 1 otal       |               |              | ENDENT CI   | LAIM       | + \$ 18  | 30 =         | OF            |                      |              |
|  |       | Independent  | CENTATION OF  |              |             |            |          | ADDIT.       | O             |                      | ιτ. Ι        |